STATE OF CALIFORNIA

## QUALIFIED APPLICATOR CERTIFICATE APPLICATION

The mailing address you indicate on this application is your address of record for your license/certificate.

Therefore it is public information. You may wish to use a post office box in lieu of the physical address

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DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH LICENSING AND CERTIFICATION PROGRAM 1001 I STREFT

1001 I STREET SACRAMENTO, CALIFORNIA 95814-2828 (916) 445-4038

FAX - (916) 445-4033

as an address of record. Web site: http://www.cdpr.ca.gov/ A. Application Type. Check the appropriate box(es). **REEXAMINATION - FAIL OR NO SHOW NEW APPLICATION - FIRST TIME APPLICATION** DUPLICATE/REPLACEMENT CERTIFICATE ON PREVIOUS EXAMS PEST CONTROL CATEGORY EXAMINATION NAME/ADDRESS CHANGE OTHER - Specify B. Applicant Information. Please print or type. (First) HOME TELEPHONE NUMBER NAME (Last) QAC NUMBER/EXAM ID NUMBER MAILING ADDRESS (Number and Street) SOCIAL SECURITY NUMBER (Optional) WORK TELEPHONE NUMBER (City) CELL TELEPHONE NUMBER (State) (ZIP Code) (County) CURRENT EMPLOYER (Check only one box) EMAIL ADDRESS County State Federal Pest Control Business Maintenance Gardener Private Business EMPLOYER NAME AND MAILING ADDRESS (If Applicable) (Name, Number and Street, City, State, Zip Code) C. Laws, Regulations and Basic Principles Examination. Exemption. See instructions on reverse. EXEMPT - Check this box and enter the number from your current license or certificate if you are exempt from this examination. QUALIFIED APPLICATOR LICENSE NUMBER JOURNEYMAN PILOT CERTIFICATE NUMBER APPRENTICE PILOT CERTIFICATE NUMBER PEST CONTROL ADVISER LICENSE NUMBER D. Pest Control Category Examinations. Indicate the examination(s) you want to take by checking the appropriate boxes. See instructions on reverse. Laws, Regulations and Basic Principles (80 questions) (H) Seed Treatment (25 questions) (A) Residential, Industrial, and Institutional (50 questions) (I) Animal Agriculture (50 questions) (B) Landscape Maintenance (50 questions) (J) Demonstration and Research (100 questions) (C) Right-of-Way (50 questions) (K) Health Related (100 questions) (D) Plant Agriculture (50 questions) (L) Wood Preservation (Subcategory of A and C) (100 questions) (E) Forest (50 questions) (F) Aquatic (50 questions) (M) Antifouling-Tributyltin (Subcategory of A) (50 questions) (G) Regulatory (100 questions) (N) Sewer Line Root Control (Subcategory of A) (66 questions) E. Examination Schedule. To complete this section, see attached Examination Schedule for the month, date, and location **EXAMINATION MONTH EXAMINATION SITE LOCATION** F. Reasonable Accommodation. Check if you need reasonable accommodation to take a written exam. G. Fees. All fees are non-transferable and non-refundable. <u>Amount</u> # of Exams Total Amount New Applicant Fee \$40 \$ \$50 Examination Fee \$20 Name/Address Change, Duplicate/Replacement Fee Total Fees Due/Enclosed H. Read Before Signing. During the last three years have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary or in which any disciplinary action is pending? YES (State explanation below.) NO I. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct. APPLICANT SIGNATURE DATE SIGNED **CERTIFICATE NUMBER** COMPUTER ENTRY DATE RC RECEIVED AND DATE FOR OFFICIAL **USE ONLY** 

STATE OF CALIFORNIA

## QUALIFIED APPLICATOR CERTIFICATE APPLICATION INSTRUCTIONS

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- **Application Type.** Check the appropriate box(es). A.
  - New Application: If you:
- ✓ Are applying for a Qualified Applicator Certificate for the first time.
  ✓ Failed to obtain your certificate within 10.
  - Failed to obtain your certificate within 12 months from the first date you scheduled your examination.
  - Failed to meet the renewal requirements by the expiration of your certificate.
  - Add Pest Control Category(ies): Requesting to take pest control category examinations not yet taken. If passed, the category(ies) will be added to your existing certificate.
  - Reexamination: Scheduling an examination on which you failed to obtain a passing score or failed to appear for a previously-scheduled examination.
  - Duplicate/Replacement Certificate: Requesting a duplicate or replacement certificate.
  - Name/Address Change: Requesting a name and/or address change. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form.
  - □ Other: Any other change, please specify the change.
- Applicant Information: Enter your name, Qualified Applicator Certificate or Exam Identification Number if applicable, address, email address, home, work, and cell telephone numbers, Social Security number (optional), employment type, and current employer (if applicable). NOTE: The Department of Pesticide Regulation (DPR) utilizes your Social Security number as an alternate source of applicant identification, as many names are similar. Providing your Social Security number is strictly voluntary in accordance with the Privacy Act of 1974 (PL-93-579). This is not public information and will not appear on any publication, etc. produced or distributed by DPR.
- Laws, Regulations and Basic Principles Examination. Exemption. If you have passed the Laws, Regulations and Basic Principles Exam within one (1) year or have a current Pest Control Adviser License, Qualified Applicator License, Journeyman Pilot Certificate or Apprentice Pilot Certificate, check the "Exempt" box. To qualify for this exemption, you must enter the number from your current license or certificate.
- Pest Control Category Examinations. Indicate the examinations you want to take by checking the appropriate boxes. In addition to the Laws, Regulations and Basic Principles Examination, each new applicant must successfully pass at least one of the pest control categories (A-N) before a Qualified Applicator License is issued. A maximum of four (4) examinations may be scheduled per location (testing may occur at only one location per month).
- Examination Schedule. Indicate the exam month and location in the appropriate boxes. This information may be obtained from the Exam Schedule provided with the General Information Packet or from DPR's web site at <www.cdpr.ca.gov>. The exam schedule gives the location, schedule, and final filing dates. If you are requesting to take the examination(s) at a specific location and date, your application must be postmarked by the final filing date for that location.
- Reasonable Accommodation. Reasonable Accommodation will be provided to applicants who need assistance to take a written exam. If you check "Yes", you will be contacted via telephone or mail to make specific testing arrangements.
- Fees. All fees are non-transferable and non-refundable.

New Applicant Fee: \$40 Name/Address Change Fee: \$20 (see below) Examination Fee: \$50 Duplicate/Replacement Fee: \$20 (see below)

An examination fee of \$50 is required for each examination (including Laws, Regulations and Basic Principles) you are requesting to schedule. A fee for an address change is only required when the licensee requests a new license. A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application. The \$20 fee is waived when a license is printed to add a category after successfully passing the examination.

- Read Before Signing. Check appropriate box. Η.
- Declaration/Signature Block. Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, I. DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.